

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) FACILITY ANNUAL EDUCATION AND PROMOTION WORKSHEET

DIRECTIONS: Complete this worksheet in its entirety and forward the the Health Care Staff Development and Retention Office (HCS德罗/10A2D) within 30 days of receipt from HCS德罗. The entire file should be forwarded electronically via E-mail to 10A2gst@mail.va.gov. If you are unable to E-mail the completed file, fax to (504) 589-5914. For questions or comments, contact HCS德罗 at (504) 589-5267.

NOTE: All data is to be current as of September 30th of the present calendar year.

Section 1 - Facility Identifying Information

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|--------------------------------------|
| STATION NAME |
| STATION POC |
| POC TITLE |
| STATION NUMBER |
| COMMERCIAL PHONE (Include area code) |

Section 2 - Registered Nurse Staffing as of 09/30 of Fiscal Year

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Common Values for the following entries are:

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|--------------------------------|---|--|---|-------------------|---|-------------------|
| F = Full-time P = Part-time | 1 = Nurse I 2 = Nurse II 3 = Nurse III 4 = Nurse IV 5 = Nurse V | A = Associate B = LPN C = RN-Diploma D = BSN E = MSN F = Ph.D. G = Other | A = African American B = Asian American / Pacific Islander C = Hispanic D = Native American E = White F = Other | Y = Yes N = No | W = Waiver N = Not Waivered X = N/A | Y = Yes N = No |
|--------------------------------|---|--|---|-------------------|---|-------------------|

| Last Name | Social Security Number | Employment Status | Current Grade | Education Status | Ethnicity | Promoted | Type Promotion | NNEI Enrollee |
|-----------|------------------------|-------------------|---------------|------------------|-----------|----------|----------------|---------------|
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